



The Little Traverse Bay Bands of Odawa Indians Employment Application



Name: _____ Social Security: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

How long at this address: _____ E-mail address: _____

Employment Type: Full Time _____ Part Time _____ Temporary _____ Seasonal _____

Position applied for: _____ Years of experience _____ Salary expected _____

Second Choice: _____ Years of experience _____ Salary expected _____

Will work any hours? Yes _____ No _____ Hours preferred _____

How did you hear of this position? _____

General Information

Person to be notified in case of emergency _____ Phone No. (____) _____

Have you ever been employed by LTBB? Yes _____ No _____ If yes in what capacity? _____

Are you over 18? Yes ___ No ___ If an alien, do you have the legal right to work in the United States? Yes _____ No _____

Visa or registration No. _____ Have you ever been refused a bond or had a bond cancelled? Yes _____ No _____

If yes, explain _____

Tribal affiliation _____ Enrollment No.: _____

Have you ever been convicted of a felony? Yes _____ No _____ If yes, please give dates, locations, nature of crime, and disposition of all convictions: _____

Education

<u>Name of School</u>	<u>Year Completed</u>	<u>Graduate?</u>
	9 10 11 12	Yes No
High School		
		Yes No
GED Certification		
	FR SOPH JR SR	Yes No
College/University		
		Yes No
Technical/Vocational School		
		Yes No
Other training		

Military Service

Branch _____ Rank _____ Job or Type of duty _____

Employment History

Please give your accurate, complete and part-time employment record. Start with present or most recent employer. Include self-employed and unemployed periods, indicate dates of each and explain. All time must be accurately and truthfully accounted for. Do Not Put "See Resume".

Organization Name: _____ Telephone No. _____

Address: _____ Employed (month and year): From _____ To _____

Name & Title of Supervisor: _____ Weekly pay: Start _____ Last _____

Job Title: _____ Work you performed: _____

Reason for leaving: _____ Explain: _____

Organization Name: _____ Telephone No. _____

Address: _____ Employed (month and year): From _____ To _____

Name & Title of Supervisor: _____ Weekly pay: Start _____ Last _____

Job Title: _____ Work you performed: _____

Reason for leaving: _____ Explain: _____

Organization Name: _____ Telephone No. _____

Address: _____ Employed (month and year): From _____ To _____

Name & Title of Supervisor: _____ Weekly pay: Start _____ Last _____

Job Title: _____ Work you performed: _____

Reason for leaving: _____ Explain: _____

AGREEMENT

I hereby certify that the facts set forth in the application are true and complete, and I agree that you may investigate my statements in order to verify and expand upon the information given. I understand that if I fail to answer any question, or I give misleading or incomplete answers to any question, that alone is a sufficient basis for a failure to hire me, or if I have been hired, that alone is a sufficient basis for my immediate termination.

In support of my application for employment with the Little Traverse Bay Bands of Odawa Indians (LTBB) Tribal Administration, I hereby authorize the LTBB, its employees and authorized agents to verify any information I have given. Any previous employer is hereby authorized to release any and all documents which, by agreement with me, have been designated as confidential or sealed. I hereby expressly release and hold harmless any person or organization who provides information or record relating to me from any liability under state, federal or tribal privacy laws. Such release does not cover the intentional or grossly negligent supplying of false information. I hereby expressly release and hold harmless the LTBB and its agent's enterprises that reasonably require such information.

I understand that this is an application for employment and that no employment contract is being offered. I agree and acknowledge that should I become employed by the LTBB I will adhere to the policies and directives of the Tribal Council.

Signature: _____ Date: _____

Little Traverse Bay Bands of Odawa Indians Governmental Operations 7500 Odawa Circle, Harbor Springs, Michigan 49740